



## Inclusion Profile

### Lansing Parks and Recreation-Therapeutic Recreation

To help us create a positive experience, please complete the applicable sections of this form with as much detail as possible. Participant information will only be shared with pertinent recreation staff; profiles must be updated annually and as significant changes occur.

#### General Information

Participant: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M or F

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Disability Classification: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Emergency Contact(s): \_\_\_\_\_ Phone: \_\_\_\_\_

#### Program Goals

Do you have any specific goals/expectations for this program?

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What are your expectations if the participant displays opposition to an activity the group is doing?

- ☐ Participant needs to try the activity for 10 minutes
- ☐ Participant may work on similar activity parallel to the group
- ☐ Participant may sit next to the group and encourage other participants
- ☐ Other \_\_\_\_\_

## **Communication and Language**

*Primary means of communication. Please check all that apply.*

- ☐ Gestures      ☐ Non-verbal      ☐ Speaks but is difficult to understand  
☐ Uses communication board/device      ☐ Has no difficulty with communication

*Receptive language:*

- ☐ Has good auditory processing      ☐ Responds to 1-step directions  
☐ Understands simple commands      ☐ Follows directions in a small group  
☐ Follows directions in a large group

*When teaching new techniques/skills it is best to:*

- ☐ Demonstrate the technique/skill      ☐ Use hand over hand teaching  
☐ Have directions in a written format      ☐ Use verbal prompts      ☐ Other

## **Behavior/Personality**

*Please attach Behavior Modification Plan if applicable*

Comment briefly on the participant's general behavior and moods (ex. Happy, shy, etc.)

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How does the participant behave when upset? What are their triggers?

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Are you or the participant's current day program/school using any behavior modification program? (Praise, token system, contracts, time outs, etc.) ☐ No ☐ Yes

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List activities and items that the participant enjoys that can be used to reinforce good behavior.

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Does the participant have any behaviors the staff needs to be aware of? (ex. Wandering, running away, physically harming self/others, etc.) ☐ No ☐ Yes

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Does the participant have any particular dislikes or fears? ☐ No ☐ Yes

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If the participant becomes anxious or overstimulated, are there any techniques that are helpful in calming?

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### **Socialization**

*Please check all that apply and comment briefly in the space provided.*

- ☐ Interacts well with peers    ☐ Prefers large groups    ☐ Prefers small groups
- ☐ Does not interact well with peers    ☐ Plays cooperatively in a group    ☐ Interacts well with adults
- ☐ Does not interact well with adults

How does the participant respond to a new environment?

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What is the best way to transition him/her to a new environment?

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## Activities of Daily Living

Does the participant need any assistance with the following?

- ☐ Assistance with shoes      ☐ Reminder to use the restroom  
☐ Assistance with jacket      ☐ Reminder to wash hands      ☐ Assistance with washing/drying hands

## Medication(s)

List any medications and give instructions if they are to be dispensed at the program. Each day that you attend, you will need to send medication for that day ONLY in the properly marked bottle.

Medical Condition	Medication	When Dispensed	Side effects

## Release Information Requests

Does your son or daughter have a IEP with the school district? ☐ No ☐ Yes  
If yes, please read the request for follow up information with the teacher/consultant.

We are working with Clinton, Eaton and Ingham County Community Mental Health Department for education, training and support. In addition we would like to work with your son/daughter(s) teacher or other support staff in the school. If your child has a current IEP on record with the school district, would you provide contact information so we can follow up with them?

Teachers Name: \_\_\_\_\_

School: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please complete one of the following:**

I hereby agree to release the City of Lansing and all of its officials, employees, agents, and volunteers from all liability arising out of my participation in any activity any of them sponsor or offer.

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Name of Participant

Participant's Signature

Date \_\_\_\_\_

**OR**

☐ **Participant's Parent or Legal Guardian**

I hereby certify that I am the parent or legal guardian of \_\_\_\_\_. I agree to release the City of Lansing and all of its officials, employees, agents, and volunteers ("the released parties") from all liability arising out of the participant's participation in any activity any of the released parties sponsor or offer. I also hereby agree to indemnify the released parties for any damages any of them incur as a result of a claim brought by the participant and arising out of the participant's participation in any activity sponsored or offered by any of the released parties.

\_\_\_\_ // \_\_\_\_\_ //

Printed Name Signature Date

An appointment or phone consultation must be scheduled prior to your child attending the program.  
Please call (517) 483-4313

**RETURN TO:**

Therapeutic Recreation Coordinator,  
2400 Hall Street, Lansing, MI 48906

### Office Use Only

Registration Season: Fall: \_\_\_\_\_ Winter: \_\_\_\_\_ Spring: \_\_\_\_\_ Summer: \_\_\_\_\_

Program Title: \_\_\_\_\_ Activity Number: \_\_\_\_\_

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